

Billing tip when beneficiary transfers from one hospital to another.

Transferring hospital

- Report appropriate patient discharge status (i.e.02)
- Report Value code D3 followed by the dollar amount for patient pay amount
- A claim for the first admission must be submitted and paid prior to submission of the readmission claim.

Receiving hospital

- A claim for the first admission must be submitted and paid prior to submission of the 2nd admission claim.
- Report for appropriate source of referral for admission (i.e. 4)
- Report the PACER number of the approved transfer in the treatment authorization field.
- Report Occurrence Span Code 71 with "from" and "through" dates from the previous admission.
- Documentation is not required when billing transfers.
- If patient-pay amount was deducted from the second admission in error, a claim replacement must be submitted.